

INDEX OF SURGICAL PROGRESS.

GENERAL SURGERY.

I. Wound-Treatment Under the Dry Aseptic Clot. By PROF. E. KUSTER (Berlin). As the method of treating wounds repeatedly described by the author from 1883 to 1886, with special reference to hernial and abdominal operations, has been called "open treatment," he here points out the falsity of this term and takes occasion to enlarge his statistics.

In the radical operation for hernia, he closes the wound as usual by suture of the sac-neck, tier sutures, and continuous suture of the skin—thus differing essentially from "open treatment." The whole is finally coated with iodoform-collodium until there is no further oozing of blood. No drain is used and no other bandage necessary.

To the 12 cases reported in 1886 he now adds 21 others. Of these 33, 13 were incarcerated crural hernias, 3 incarcerated inguinal, 2 irreducible or not retainable crural, 15 ditto inguinal. There were only 2 deaths, and these from extraneous causes. Amongst the remaining 31 there has been but 1 relapse. In 25 the cure was uninterrupted; in 2 there was retention of blood, simply requiring removal of a few stitches; in 1 a slight phlegmon, remedied in same way; in 2 narrow border gangrene; in 1 dry necrosis of the testicle due to ligations and not to this method. He claims that these cases prove the procedure to be strictly antiseptic.—*Centbl. f. Chirg.*, 1888, No. 11.

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WM. BROWNING (Brooklyn).

II. Absorbable Antiseptic Tampons. By PROF. GLUCK (Berlin). At the surgical congress in 1881, the author referred to a case where he successfully bridged over a peritoneal defect by cautiously sewing in catgut strips. At that time he succeeded in implanting vari-

ous disinfected materials in the abdominal cavity of animals. In a later series of experiments, Dr. Gluck, after extirpation of the spleen in dogs, tried to prevent secondary hæmorrhage by covering the pedicle with an iodoform ether tampon and then fixing the tampon to the abdominal wall by a few sutures. This is called the intra-peritoneal tamponade. After a certain time on account of the peritoneal adhesions he was able to shell out the tampon extra-peritoneal. The advantages which he claims for this tampon are excellent hæmostasis, splendid drainage, thorough antisepsis, and finally, an inducement to the formation of adhesions which separate the wound cavity from that of the peritoneum. These tampons may become encapsulated and remain in place without causing any reaction. For these tampons, carefully disinfected sponges prepared with iodoform, ether and alcohol, and with iodoform powder, or catgut strips or skeins, or bundles of silk of various sizes prepared with iodoform can be used.

The name of absorbable antiseptic tampon in the strict sense of the word can only be applied to catgut.

Such tampons according to the author, would be fit for intra-peritoneal tamponade specially when the arrest of hæmorrhage is of great importance.

The absorbable tampon is penetrated and surrounded by granulations and is gradually replaced by connective tissue; of this, and of their capability of arresting hæmorrhage, and of not interfering with the healing of the wound, the author has thoroughly convinced himself by a series of experiments on animals. If after a rather loose tamponade secondary hæmorrhage occurred, it was not alarming, and the blood saturated gut formed an aseptic unirritating mass which in no way disturbed the healing of the wound.

The author warmly advocates the use of these tampons in many operations, for instance after removal of a goitre, when a large hole remains which favors the accumulation of secretions and phlegmonous inflammation, or in a radical operation for hernia, when the tampon can be used to close the opening of the neck of the sac.—*Deutsche Medicinische Wochenschrift*, No. 39.

F. C. HUSSON (New York.)